

COVER PAGE

A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Gordon	Richard	S.	[REDACTED]
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE ZIP CODE
[REDACTED]			OPTIONAL: E-MAIL ADDRESS
[REDACTED]			

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Board of Supervisors - San Mateo County

Division, Board, District, if applicable:

District Three

Your Position:

Member, Board of Supervisors

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☒ County of San Mateo

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through December 31, 2009.

☐ Leaving Office Date Left: ____/____/____
(Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate

Election Year: _____

4. Schedule Summary

► Total number of pages

including this cover page: 7

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☒ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B ☒ Yes - schedule attached
Real Property

Schedule C ☒ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes - schedule attached
Income - Gifts

Schedule E ☒ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

3/6/2010
(month, day, year)

Signature

[REDACTED SIGNATURE]
(File the originally signed statement with your filing official)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Richard S. Gordon

<p>▶ NAME OF BUSINESS ENTITY <u>Chevron Corporation</u></p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Oil and Gas Production</u></p> <p>FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 </p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income of \$0 - \$500 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C) </p> <p>IF APPLICABLE, LIST DATE: <u> </u> / <u> </u> / <u>09</u> <u> </u> / <u> </u> / <u>09</u> ACQUIRED DISPOSED </p>	<p>▶ NAME OF BUSINESS ENTITY _____</p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____</p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 </p> <p>NATURE OF INVESTMENT <input type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income of \$0 - \$500 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C) </p> <p>IF APPLICABLE, LIST DATE: <u> </u> / <u> </u> / <u>09</u> <u> </u> / <u> </u> / <u>09</u> ACQUIRED DISPOSED </p>
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Comments: _____

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name

Richard S. Gordon

► STREET ADDRESS OR PRECISE LOCATION

12288 Lake Wildwood Drive

CITY

Lake Wildwood, CA 95946

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/09 ACQUIRED ____/____/09 DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust ☐ Easement

☐ Leasehold _____ Yrs. remaining ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

Anna Cooper

► STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/09 ACQUIRED ____/____/09 DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust ☐ Easement

☐ Leasehold _____ Yrs. remaining ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Richard S. Gordon

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

CAS Services Limited

ADDRESS (Business Address Acceptable)

11330 Lakefield Drive Duluth, GA 30097

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Clinical Software and Services

YOUR BUSINESS POSITION

Chief Medical Officer

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address
City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Richard S. Gordon
--

► NAME OF SOURCE
San Francisco International Airport
 ADDRESS (Business Address Acceptable)
P.O. Box 8097 San Francisco, CA 94128
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Airport

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 5 / 09	\$ 99	Parking (3 days)
5 / 3 / 09	\$ 66	Parking (2 days)
/ /	\$	

► NAME OF SOURCE
Bay Area Council
 ADDRESS (Business Address Acceptable)
200 California St., # 1450 San Francisco, CA 94111
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 14 / 09	\$ 95	Annual Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE
American Israel Public Affairs Committee
 ADDRESS (Business Address Acceptable)
P.O. Box 207 San Francisco, CA 94104
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy and Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 13 / 09	\$ 150	Dinner
12 / 13 / 09	\$ 150	Dinner for Spouse
/ /	\$	

► NAME OF SOURCE
California State Association of Counties
 ADDRESS (Business Address Acceptable)
1100 K Street Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy for California Counties

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 5 / 09	\$ 100	Meal for Spouse
10 / 8 / 09	\$ 150	Meals (2) for Spouse
11 / 18 / 09	\$ 100	Meal for Spouse

► NAME OF SOURCE
CSAC Finance Corporation
 ADDRESS (Business Address Acceptable)
1100 K Street Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Financial Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 5 / 09	\$ 350	Meals (4) for Spouse
/ /	\$	
/ /	\$	

► NAME OF SOURCE
San Mateo Labor Council
 ADDRESS (Business Address Acceptable)
1153 Chess Drive, #200 Foster City, CA 94404
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Union Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 4 / 09	\$ 50	Holiday Lunch
/ /	\$	
/ /	\$	

Comments: CSAC Finance Corporation: Meals for Spouse were for 4 meals over a three day meeting.

SCHEDULE D Income - Gifts

Name

Richard S. Gordon

NAME OF SOURCE

Joint Venture Silicon Valley

ADDRESS (Business Address Acceptable)

100 W. San Fernando #310 San Jose, CA 95113

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Community Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 19 / 09	\$ 50	Annual Dinner
/ /	\$	
/ /	\$	

NAME OF SOURCE

Housing Industry Foundation

ADDRESS (Business Address Acceptable)

538-A Valley Way Milpitas, CA 95035

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Affordable Housing

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9 / 10 / 09	\$ 100	Dinner
/ /	\$	
/ /	\$	

NAME OF SOURCE

Pacific Forest/Watershed Lands Stewardship Council

ADDRESS (Business Address Acceptable)

15 N. Ellsworth Ave, #100 San Mateo, CA 94401

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non-profit Foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 11 / 09	\$ 21	Open House
4 / 15 / 09	\$ 20	Lunch
6 / 10 / 09	\$ 40	Dinner

NAME OF SOURCE

Pacific Forest/Watershed Lands Stewardship Council

ADDRESS (Business Address Acceptable)

15 N. Ellsworth, #100 San Mateo, CA 94401

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non-Profit Foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 11 / 09	\$ 50	Breakfast and Lunch
6 / 17 / 09	\$ 16	Lunch
9 / 9 / 09	\$ 21	Lunch

NAME OF SOURCE

Pacific Forest/Watershed Lands Stewardship Council

ADDRESS (Business Address Acceptable)

15 N. Ellsworth, #100 San Mateo, CA 94401

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non-Profit Foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 28 / 09	\$ 20	Lunch
11 / 19 / 09	\$ 19	Lunch
/ /	\$	

NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments:

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Richard S. Gordon

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

► NAME OF SOURCE

California State Association of Counties

ADDRESS (Business Address Acceptable)

1100 K Street

CITY AND STATE

Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Advocacy for California Counties

DATE(S): 1 / 1 / 09 - 12 / 31 / 09 AMT: \$ 5,347.40
(if applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income

DESCRIPTION: Travel, meals and lodging for voluntary
service as Immediate Past President of
CSAC

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(if applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: _____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(if applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: _____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(if applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: _____

Comments: _____